

1 copy State Supt.1 copy County Supt.1 copy School District

School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Hill Box Elder Public Schools 0425 0426 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 7 32 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 2714 663 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0425 0426 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee	Date



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1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.57 Legal Entity Number 0425 0426 Rated Capacity 72 TOTAL **ELIGIBLE RIDERS** С a + b

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Signature - Chair, Board of Trustees Date

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Signature - Chair, County Transportation Committee



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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Hill Havre Public Schools 0427 0428 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12-16-4B-125.2 125.2 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 3236 395 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0427 0428 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
<b>Due Date</b> All Routes		County Supt ober 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57		
County Name		County Number	District Nar	ne		Legal Entity Number	
Hill		21	Havre Pu	ublic Schools		0427 0428	
Route #	Length of Route	e (miles per day)		rvice   Bus Route Mi		Rated Capacity	
12-16-4-137.2	137.2		Bus Rout	□ Non Bus Mile te Mileage	age	72	
Vehicle I.D. #	License #		□ District Ow	ned [	District Own	ed	
3236	395			If so, Name of Owner drate per mile			
Reimbursement Distribution- Er	nter the legal entit			y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Ent		atch budget! Legal Entity	/	Legal Entit	ty	
0427		0428	,			,	
% 50.00	% 5	0.00	%		%		
PASSENGER INFORMATION	70 3	5.00	70		70	•	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Pl	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
			R	b NUMBEF	2	c a+b	
Regular (include eligible Preschool/l	Kindergarten riders)	NUMBE		TOMBE		a i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement that would be be eligible)						
Nonpublic School Riders (ineligible)	garteri fiders)						
TOTAL RIDERS							
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This Application for Registration	of School Bus a						
area assigned to it by the County Signature - Chair, County Transport		Committee.			Date		
• •					1		



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Hill Havre Public Schools 0427 0428 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12-16-6-191.4 191.4 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 6067 106 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0427 0428 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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<b>Due Dates:</b> All Routes			To C Octo		nty Supt	<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name			County Number		District Nam	ne		Legal Entity Number
Hill			21		Havre Pu	blic Schools		0427 0428
Route #	Length of	f Route (	miles per day)			vice   Bus Route Mi		Rated Capacity
12-16-12C-80.1	80.1				Bus Rout	□ Non Bus Mile e Mileage	age	78
Vehicle I.D. #	Lice	ense #			District Ow	ned [	District Own	ed
7490	251	1				f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity			state/county n budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	gal Entity	,	alci	Legal Entity		Legal Entit	у
0427		04	-28					
% 50.00	(	% 50.0	00		%		%	
PASSENGER INFORMATION		1						_
Number of Preschool/Kindergar	rten pupils i	riding	ELEMENTARY (Grades Pr		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		=	а	_		b NUMBEF		С
Regular (include eligible Preschool/h	Kindergarten	riders)	NUMBEI	K		NUMBER	<u> </u>	a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	eement that v be eligible)	would )						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County 1 This Application for Registration area assigned to it by the County	of School	Bus and	State Reimbursement			ordance with Section a wed and I certify that this		
Signature - Chair, County Transports							Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

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Signature - Chair, County Transportation Committee



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bus operates on the route as	approved by and within the transpo	ortation service area assigned by the	e County Transportation Comr	nittee.

Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area assigned to it by the county Transportation Committee:							
Signature - Chair, County Transportation Committee	Date						



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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



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bus operates on the route as	approved by and within the transpo	ortation service area assigned by the	e County Transportation Comr	nittee.

Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area accigned to hely the county transportation committee.	
Signature - Chair, County Transportation Committee	Date



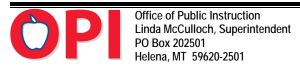
1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordant receives state reimbursement ex					one form for ea	ach bus route that
<b>Due Dates</b> All Routes	<b>3:</b>		ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Hill		21	Havre Pu	ıblic Schools		0427 0428
Route #	Length of Route			rvice   Bus Route Mil	eage	Rated Capacity
12-16-11-44.8	44.8		Buc Pout	□ Non Bus Milea	age	72
Vehicle I.D. #	License #		☐ District Ow	te Mileage	istrict Own	
4716	364		□ Contract -	If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	ter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entity	у
0427	0	428				
% 50.00  PASSENGER INFORMATION	% 50	.00	%		%	
PASSENGER INFORMATION		ELEMENTARY I	RIDERS	HIGH SCHOOL F	RIDERS	TOTAL
Number of Preschool/Kindergart this route	ten pupils riding	(Grades Pk	(-8)	(Grades 9-1	2)	ELIGIBLE RIDERS
		a NUMBEF	}	b NUMBER		c a + b
Regular (include eligible Preschool/K	(indergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unonresident and no attendance agree otherwise allow nonresident riders to	ement that would be eligible)					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)					
TOTAL RIDERS						
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Signature - Chair, Board of Trustees					Date	
County T This Application for Registration		ommittee Approval as r				
area assigned to it by the Count	y Transportation C		nas scon reviev	und i oording triat triis		mami are dansportation
Signature - Chair, County Transporta	ation Committee				Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

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<b>Due Dates:</b> All Routes			To County Supt October 1		<b>To OPI</b> October 15	l	Rate Per Mile \$1.57	
County Name			County Number		District Nan	ne		Legal Entity Number
Hill			21		Havre Pu	blic Schools		0427 0428
Route #	Length of	Route (	miles per day)			vice   Bus Route Mi		Rated Capacity
12-16-12A-45.6	45.6				Bus Rout	□ Non Bus Mile e Mileage	age	78
Vehicle I.D. #	Licer	nse #			District Ow	ned [	District Own	ed
7490	251	ļ				If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity		natc	h budget! Legal Entity		Legal Entit	ry .
0427		04	28					
% 50.00	0,	% 50.0	00		%		%	
PASSENGER INFORMATION	,	70 00.		_	70		70	
Number of Preschool/Kindergar this route	rten pupils ri	iding	ELEMENTARY (Grades P		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBE	R	b NUMBER		?	c a + b
Regular (include eligible Preschool/l	Kindergarten	riders)	NOMBE	.1\		NOWBE	<u>`</u>	a 1 b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to	eement that w o be eligible)	vould						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		1						
TOTAL RIDERS								
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This Application for Registration	n of School E	Bus and	State Reimbursement			ordance with Section 2 ved and I certify that this		
area assigned to it by the Coun Signature - Chair, County Transport			ommittee.				Date	
,							Ī	



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Signature - Chair, County Transportation Committee



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For additional information contact M	



Date

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Hill Cottonwood Elementary 0445 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12-57-1A 96.4 19 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4137 676 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0445 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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1 copy State Supt. 1 copy County Supt. 1 copy School District

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Due Dates: All Routes		To County Supt October 1				Rate Per Mile \$1.57	
County Name		County Number	District Nan	ne		Legal Entity Number	
Hill		21	21 Rocky Boy Public School			1207 1229	
Route #	Length of Route	(miles per day)		Type of Service ☐ Bus Route Mileage		Rated Capacity	
6 Lower Rd to Box Elder	50			□ Non Bus Mileage Bus Route Mileage		72	
Vehicle I.D. #	License #					ied	
9541	308		Contract - If so, Name of Owner Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity		of state/county tch budget!	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 1207					Legal Entit	I Entity	
% 80.00	% 20	.00	%		%		
PASSENGER INFORMATION		ELEMENTARY R	IDEDC	HIGH SCHOOL	DIDEDO	TOTAL	
Number of Preschool/Kindergar this route	rten pupils riding	(Grades PK-	_	(Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER	<b>?</b>	c a + b	
Regular (include eligible Preschool/l	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	eement that would o be eligible) garten riders)						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					Date		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.							
Signature - Chair, County Transport					Date		



1 copy State Supt.1 copy County Supt.1 copy School District

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

Date

area assigned to it by the County Transportation Committee

Signature - Chair, County Transportation Committee



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Hill Rocky Boy Public Schools 1207 1229 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 2 Haystack 29.2 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9264 588 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1207 1229 80.00 20.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Date

Signature - Chair, County Transportation Committee



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This form is required in accorda receives state reimbursement e					one form for ea	ch bus route that	
Due Dates: All Routes		To County Supt To			R	ate Per Mile	
				<b>To OPI</b> October 15	\$	1.80	
County Name		County Number	District Nan	ne		Legal Entity Number	
Hill		21	Rocky Bo	y Public Schools		1207 1229	
Route #	Length of Route				eage	Rated Capacity	
1 Azure	24.8		☐ Non Bus Mileage Bus Route Mileage			84	
Vehicle I.D. #	License #				District Owne		
6998	703		□ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dist	rict. Note: Percentages	
Legal Entity	Legal Entit		tch budget!  Legal Entity  Legal Entity		Legal Entity	al Entity	
1207		229	g		Logar Emily		
% 80.00	% 20	.00	%		%		
PASSENGER INFORMATION		ELEMENTARY RI	IDERS	HIGH SCHOOL I	RIDERS	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		(Grades PK-8)		(Grades 9-12)		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		с a + b	
Regular (include eligible Preschool/h	Kindergarten riders)	HOMBER		NOMBER	`	4 1 5	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
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Due Dates: All Routes		To County Supt October 1		<b>To OPI</b> October 15		Rate Per Mile \$1.57
County Name		County Number	District Nar	District Name		Legal Entity Number
Hill		21	Blue Sky	Blue Sky K-12 Schools		1220
Route # Length of Route		(miles per day)		Type of Service ☐ Bus Route Mileage		Rated Capacity
12-K-3 31.2		Bus Route M		□ Non Bus Mileage e Mileage		70
Vehicle I.D. # License #			□ District Ow	□ District Owned District		ed
8765 300			□ Contract - If so, Name of Owner     □ Contracted rate per mile			
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages						
Legal Entity Legal Entity 1220			must match budget!  Legal Entity		Legal Entity	
% 100.00	%		%		%	
PASSENGER INFORMATION	7.5					
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		(Grades 9-12) ELIGIE		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)				-		
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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Signature - Chair, County Transportation Committee					Date	



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Hill Blue Sky K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 12-K-1A 50.4 21 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Toner's Tire Rama 0155 9243 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1220 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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